WYOMING TB PROGRAM SUPPLY REQUEST FORM

ANTIBIOTIC	PACKAGE	FORMULARY	QUANTITY
Tuberculin Syringes	100 syringes/box	1 cc each	
Aplisol (PPD)	10 tests	1mL vial (5TU/0.1 mL per test)	
Aplisol (PPD)	50 tests	5mL vial (5TU/0.1 mL per test)	

FACILITY INFORMATION						
Facility Name:		Order Date:				
Shipping Address (No PO Boxes):		Contact Name:				
City:		Contact Email Addre	ess:			
Zip:		Contact Phone num	nber:			
Additional Shipping Instructions:						

Notes: Aplisol is	good for 30 days	after opening.	Supplies will be shipped out every Tuesday and Wednesday.
Date Filled:		By:	